



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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Janie Miller
Secretary

Elizabeth A. Johnson
Commissioner

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TO: Supports for Community Living (33) Provider Letter A-25

RE: Document Consideration

Dear Medicaid Provider:

As you are aware, once a billing review has been conducted and a recoupment letter is sent to the provider, the provider has the right to request a Document Consideration. We would like to clarify what documentation will be considered by the Department for Medicaid Services (DMS) during this process.

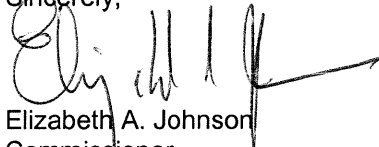
When a Document Consideration is requested and granted to a provider of the Supports for Community Living Waiver, documentation that was not present during the actual billing review will not be accepted by DMS. The team and/or person conducting the billing review will inform the provider if documentation is not present at the time of the review. The provider will then have until the end of the actual billing review to locate the documentation and provide it to the reviewer.

If the documentation is not presented to the Department for Mental Health/Mental Retardation Services reviewers, during the time that they are conducting the billing review, the documentation cannot be presented to DMS as part of a Document Consideration. The only documents that will be reviewed by DMS are those that are recouped for the following reasons:

- Code C: Number of units for service provided was rounded up
- Code D: Not appropriate to the service definition
- Code F: Two services were billed for the same time
- Code G: Other

Should you have any questions about this issue, please feel free to contact Linda Proctor, M.A., or Sheila Davis, R.N., at 502-564-5560, Monday through Friday, 8:00 a.m. until 4:30 p.m., eastern standard time.

Sincerely,



Elizabeth A. Johnson
Commissioner

EAJ/CB/sa/amd00448